

CERTIFICATE OF DEATH

REGISTRAR'S NO. 11

BIRTH NO.

1. PLACE OF DEATH A. COUNTY <i>Gila</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION.) A. STATE <i>Ariz.</i> B. COUNTY <i>Maricopa</i>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <i>Miami</i>)		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <i>Miami Globe Rural</i>	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>26 yrs 26 ds</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>221 Hill St.</i>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <i>Miami Gen. Hosp.</i>			

3. NAME OF DECEASED A. (FIRST) <i>Amalia</i> B. (MIDDLE) <i>Sandoval</i> C. (LAST) <i>Ortega</i>			4. SEX <i>Female</i>	5. COLOR OR RACE <i>White</i>
6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDDED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <i>April</i> DAY <i>23</i> YEAR <i>1924</i>		8. AGE YEARS <i>26</i> MONTHS <i>10</i> DAYS <i>20</i>
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Domestic</i>		9B. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>		
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Miami Ariz.</i>		11. CITIZEN OF WHAT COUNTRY <i>U.S.</i>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>no</i>
13. SOCIAL SECURITY NO. <i>none</i>		14A. FATHER'S NAME <i>Sandoval</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Mex.</i>
15A. MOTHER'S MAIDEN NAME <i>Atalvia Manguerose</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Mex.</i>		
16. INFORMANT'S SIGNATURE <i>Amalia Sandoval Ortega</i>		ADDRESS <i>Miami Ariz.</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>March 13 1957</i>

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>PNEUMONIA</i>		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT *Work*, FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE <i>John Carpenter-Coroner</i>	23B. ADDRESS <i>Miami</i>	23C. DATE SIGNED <i>3-19-57</i>
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24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <i>Mar. 16, 1957</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Pinel Cemetery</i>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz.</i>
25A. DATE REC'D BY LOCAL REG. <i>3/19/57</i>	25B. REGISTRAR'S SIGNATURE <i>Nelson D. Braxton</i> <i>By Paula Douglas</i>	26. FUNERAL DIRECTOR'S SIGNATURE <i>John M. ...</i>	
27. EMBALMERS SIGNATURE <i>John M. ...</i>		ADDRESS <i>294</i>	